



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1163439
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer

- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-
Sec. _____ Twp. _____ S. R. _____ East West
_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-
Feet from North / South Line of Section
_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-_____-
Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
- Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1163439

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BRANSTETTER CHESTER UNIT 410
Doc ID	1163439

All Electric Logs Run

ARRAY COMPENSATED TRUE RESISTIVITY
BOREHOLE COMPENSATED SONIC ARRAY
DUAL SPACED NEUTRON SPECTRAL DENSITY
ANNULAR HOLE VOLUME PLOT
MICROLOG

Form	ACO1 - Well Completion
Operator	OXY USA Inc.
Well Name	BRANSTETTER CHESTER UNIT 410
Doc ID	1163439

Tops

Name	Top	Datum
HEEBNER	4121	
LANSING	4169	
KANSAS CITY	4605	
MARMATON	4748	
CHEROKEE	4907	
ATOKA	5135	
MORROW	5187	
CHESTER	5280	
ST. GENEVIEVE	5406	

ALLIED OIL & GAS SERVICES, LLC 052254

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Liberab

DATE <u>06-23-13</u>	SEC. <u>31</u>	TWP. <u>27</u>	RANGE <u>33 W</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <u>BCU</u>	WELL# <u>410</u>	LOCATION <u>N.W. Sublete</u>			<u>KS</u>	COUNTY <u>Muskell.</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR <u>Astec 507</u>	OWNER <u>Oxy USA Inc</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u> T.D. <u>1675 ft</u>	CEMENT
CASING SIZE <u>8 7/8 24#</u> DEPTH <u>1686</u>	AMOUNT ORDERED _____
TUBING SIZE _____ DEPTH _____	
DRILL PIPE _____ DEPTH _____	
TOOL _____ DEPTH _____	
PRES. MAX _____ MINIMUM _____	COMMON _____ @ _____
MEAS. LINE _____ SHOE JOINT _____	POZMIX _____ @ _____
CEMENT LEFT IN CSG. _____	GEL _____ @ _____
PERFS. _____	CHLORIDE _____ @ _____
DISPLACEMENT _____	ASC _____ @ _____

EQUIPMENT

PUMP TRUCK CEMENTER <u>Ruben Chavez</u>
<u>531-541</u> HELPER <u>Cesar Pavia</u>
BULK TRUCK
<u>562-774</u> DRIVER <u>Ricardo Estrada</u>
BULK TRUCK
<u>470-528</u> DRIVER <u>Cederick Brier</u>

HANDLING _____ @ _____
MILEAGE _____ @ _____
TOTAL _____

REMARKS:

Casing was plug, could not circulate with rig, then try with our pump with 1500 psi and did not circulate got release by company man at 1:45 P.m.

SERVICE CHARGE <u>INCO Incomplete Service Charge</u>	<u>1,842.50</u>
DEPTH OF JOB _____	
PUMP TRUCK CHARGE _____	
EXTRA FOOTAGE _____ @ _____	
MILEAGE <u>heavy 50</u> @ <u>7.70</u>	<u>385.-</u>
MANIFOLD _____ @ _____	
<u>Light Vehicle 50 M.</u> @ <u>4.40</u>	<u>220.00</u>
TOTAL <u>2,447.50</u>	

CHARGE TO: Oxy USA Inc
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

AP LOCATION/DEPT. <u>Liberab</u>	D02 <input type="checkbox"/> NON D02 <input type="checkbox"/>	@ _____
LEASE/WELL/FAC. <u>BCU 410</u>		@ _____
MAXIMO / WSM # _____		@ _____
TASK <u>0102</u>	ELEMENT <u>3023</u>	@ _____
<input checked="" type="checkbox"/> CAPEX / OPEX - Circle one	<input type="checkbox"/> UNSUPPORTED <input type="checkbox"/>	@ _____
SIGNATURE <u>Gene Billy</u>		TOTAL _____

To: Allied Oil & Gas Services, LLC
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (if Any) _____
TOTAL CHARGES <u>2,447.50</u>
DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME _____
SIGNATURE _____

N/A

ALLIED OIL & GAS SERVICES, LLC 052195

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: LIBERAL KS

DATE <u>6/24/13</u>	SEC. <u>31</u>	TWP. <u>27S</u>	RANGE <u>7E</u>	CALLED OUT	ON LOCATION	JOB START <u>9:30 AM</u>	JOB FINISH <u>1:30</u>
LEASE <u>BCU</u>	WELL # <u>410</u>	LOCATION <u>SUBLETTES NFO RD 50</u>			COUNTY <u>Haskell</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)		<u>6W TO GG IN # LOC</u>					

CONTRACTOR ASTEZ # 507
 TYPE OF JOB 1 1/2 SURFACE
 HOLE SIZE 12 1/4 T.D. 1675
 CASING SIZE 8 1/2 2 1/2" DEPTH 1672'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX Low PS. MINIMUM 6
 MEAS. LINE SHOE JOINT 38.44'
 CEMENT LEFT IN CSG. 38.44'
 PERFS. NA
 DISPLACEMENT 104.46 BBL

OWNER SAME
 CEMENT
 AMOUNT ORDERED 350 C 2 1/2 GYP SEAL
2 1/2 50-45 3% CC 1/4 FLO-SEAL - 2% SASI
TRK C 245SK 2 1/2 CC 1/4 PSK FLO-SEAL
 COMMON CLASS C, 245 @ 24.40 5978.00
 POZMIX @
 GEL @
 CHLORIDE CC 18SK @ 64.00 1152.00
 ASC @
FLO-SEAL 1491B @ 2.22 442.53
SASI 66 LB @ 17.55 1158.30
AMDC 350 SK @ 31.00 10850.00
Stop Loss SPACER 10BA @ 250.00 2500
 HANDLING 648 @ 2.45 1607.04
 MILEAGE 1472.70 @ 2.60 3829.02
 TOTAL 27516.92

EQUIPMENT

PUMP TRUCK CEMENTER R Kegan
 # 5491550 HELPER A ESPINOZA
 BULK TRUCK
 # FB # 0556 DRIVER E Smith
 BULK TRUCK
 # DRIVER

REMARKS:

THANK YOU
CIRC. CNT TO SURFACE

SERVICE

DEPTH OF JOB 1675'
 PUMP TRUCK CHARGE 2213.25
 EXTRA FOOTAGE 50 @ 7.10 NO
 MILEAGE 50 mi @ 7.70 385.00
 MANIFOLD + HEAD @ 275 275.00
CT VEA mi 50 mi @ 4.40 220.00
 TOTAL 3093.75

CHARGE TO: AXY USA
 AP LOCATION/DEPT. Liberal D02 NON D02
 STREET LEASEWELL/FAC. BCU 410
 CITY MAXIMO / WSM # STATE ZIP 3023
 TASK 0102 ELEMENT 3023
 PROJECT # 1169760 CAPEX / OPEX - Circle one
 SPO / BPA Gene Bilby UNSUPPORTED
 PRINTED NAME Gene Bilby
 SIGNATURE: Gene Bilby
Verify that these Services/Materials have been received

PLUG & FLOAT EQUIPMENT

2 1/2"
2 GUIDE SHOES @ 460.90 921.80
2 AFV @ 446.25 892.50
28 CENTRALIZERS @ 74.88 2096.64
2 BASKET @ 559.26 1118.52
25 Top COCLAR @ 56.15 112.32
 TOTAL 5143.32

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES 35753.27
 DISCOUNT _____ IF PAID IN 30 DAYS
21809.92

PRINTED NAME _____
 SIGNATURE _____

ALLIED OIL & GAS SERVICES, LLC 052217

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Liberal KS

DATE <u>Co 2913</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START 3:00pm	JOB FINISH 9:00pm
LEASE <u>BCU</u>	WELL # <u>410</u>		LOCATION <u>Vec. Sublette, KS</u>			COUNTY <u>Harrell</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR <u>Production</u>	OWNER
TYPE OF JOB <u>Production</u>	
HOLE SIZE <u>7 7/8</u>	T.D. <u>SSB2</u>
CASING SIZE <u>5 1/2</u>	DEPTH <u>SSB2</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT <u>41.06</u>
CEMENT LEFT IN CSG. <u>.98 bbls</u>	
PERFS.	
DISPLACEMENT <u>128.5</u>	

EQUIPMENT	CEMENT
	AMOUNT ORDERED <u>300sk SORSO 220 gal</u>
	<u>220 D-31, S90 FL-160 S90 gypseal 1090 salt</u>
	<u>1/4 # flo seal 5 # hol seal</u>
	COMMON _____ @ _____
	POZMIX _____ @ _____
	GEL _____ @ _____
	CHLORIDE _____ @ _____
	ASC <u>300 sk</u> @ <u>16.85</u> <u>5055.00</u>
	<u>Swee flush 126bl</u> @ <u>58.70</u> <u>704.40</u>
	<u>salt 19sk</u> @ <u>26.35</u> <u>500.65</u>
	<u>Gypseal 25sk</u> @ <u>37.60</u> <u>940.00</u>
	<u>GilSnait 1500#</u> @ <u>.98</u> <u>1470.00</u>
	<u>Flo seal 75#</u> @ <u>2.97</u> <u>222.75</u>
	<u>FL-160 126#</u> @ <u>18.90</u> <u>2381.40</u>
	<u>CO-31 50.40#</u> @ <u>10.30</u> <u>519.12</u>
	HANDLING <u>429.90</u> @ <u>2.98</u> <u>1060.15</u>
	MILEAGE <u>763.50</u> @ <u>2.60</u> <u>1985.10</u>
	TOTAL <u>14844.57</u>

REMARKS:

AP LOCATION/DEPT Liberal UNION DEPT

LEASE/WELL/FAC BCU 410

MAXIMO / WSM # _____

TASK 0102 ELEMENT 3023

PROJECT # 1169760 CAPEX / OPEX - Circle one

SFO / BPA _____ UNSUPPORTED

PRINTED NAME Mark A. Bonner

SIGNATURE: Mark A. Bonner
I certify that these Services/Materials have been received

CHARGE TO: Oxy USA

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB <u>5001-6000</u>	
PUMP TRUCK CHARGE	<u>3,099.25</u>
EXTRA FOOTAGE	@ _____
MILEAGE <u>50</u>	@ <u>7.70</u> <u>385.00</u>
MANIFOLD <u>225.00</u>	@ <u>1</u> <u>225.00</u>
light vehicle <u>50</u>	@ <u>4.40</u> <u>220.00</u>
	@ _____

TOTAL 3979.25

PLUG & FLOAT EQUIPMENT

<u>Guide Shoe 1</u>	@ <u>280.80</u>	<u>280.80</u>
<u>AFU Float Valve 1</u>	@ <u>334.62</u>	<u>334.62</u>
<u>Centralizers 20</u>	@ <u>57.33</u>	<u>1146.60</u>
<u>Top Rubber Plug 1</u>	@ <u>85.41</u>	<u>85.41</u>
<u>Stop Collar 1</u>	@ <u>42.00</u>	<u>42.00</u>
	@ _____	

TOTAL 1889.43

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Mark A. Bonner

SIGNATURE Mark A. Bonner

SALES TAX (If Any) _____

TOTAL CHARGES 20713.25

DISCOUNT _____ IF PAID IN 30 DAYS

Net = 14499.27

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

October 16, 2013

LAURA BETH HICKERT
OXY USA Inc.
5 E GREENWAY PLZ
PO BOX 27570
HOUSTON, TX 77227-7570

Re: ACO1
API 15-081-22019-00-00
BRANSTETTER CHESTER UNIT 410
SE/4 Sec.31-27S-33W
Haskell County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
LAURA BETH HICKERT